L15000019588

(I	Requestor's Name)
	Address)
(4	Address)
	City/State/Zip/Phone #)
. PICK-UP	WAIT MAIL
(1	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



700269217377

02/18/15--01012--009 **25.00

2015 FEB | 8 PH 4: 48

FEB 24 2015 ERUCE

COVER LETTER

ï

Div	ision of Corp	porations				
SUBJECT:	Medallior	n Ventures Restaurant (Group, LLC			
SUDJEC1;		Name of Limi	ted Liability Company			
	•					
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	n all correspo	ndence concerning this matter	to the following:			
		Aline Perrone				
-			Name of Person			
		Medallion Ventures I	Restaurant Group, LLC			
•			Firm/Company			
		4201 W. Cypress St				
			Address			
		Tampa, FL 33607				
			City/State and Zip Code			
		terri@amprop.com	to be used for future annual report notificat			
			·	1011)	205 ALL	en.
For further i	information c	oncerning this matter, please co	all:		AHA AHA	1
Aline Per	rrone		813 854-2211 X	231	ARY ASSA	Paga 2 pri
	Name o	f Person	Area Code Daytime Te	elephone Number	PA OF FE	Por
Enclosed is	a check for tl	he following amount:			VORNO STATE 84:4	The same of
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

Registration Section

TO:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Medaillon Ventures Restaurant (
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our reco da Limited Liability Company)	<u>ırdş.</u>)
The Articles of Organization for this Limited Liability Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the words "l	Limited Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2015
		ASS CO
B. If amending the registered agent and/or reg		ds, enter the name of the nev
registered agent and/or the new registered office ad	uress nere:	CF S F
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street addi	ress
		Florida
	City	Zin Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name **Address Type of Action** MGR Walsh 2005 LLC 4201 W. Cypress St. Tampa, FL 33607 ■ Add □ Remove _D Add _□ Remove □ Add □ Remove TEBY 0 STATE ☐ Add ☐ Remove _□ Add ☐ Remove

•		
ctive date, if other than t effective date must be specific, co late this document is filed by the	he date of filing: annot be prior to date of receipt or filed date and cannot be more than Florida Department of State)	_ (optional) 90 days after
date this document is filed by the	he date of filing: annot be prior to date of receipt or filed date and cannot be more than Florida Department of State) 2015	_ (optional) 90 days after
date this document is filed by the	Florida Department of State)	_ (optional) 90 days after
date this document is filed by the	Florida Department of State)	_ (optional) 90 days after
date this document is filed by the	Florida Department of State)	

Page 3 of 3

Filing Fee: \$25.00

2015 FEB 18 PH 4: 48
SECRETARY OF STATE